



5150 BELFORT RD. BLDG. 400 | JACKSONVILLE, FL 32256

Referral Authorization

TO: Referral Coordinator

DATE:

RE:

DOB:

Insurance Company:

This patient has been referred to Ibrahim Heart Clinic
by _____ .

We are requesting a referral for diagnosis code: _____

The procedure codes are: _____

Please call our office if you have any further questions.

Sincerely,

Ibrahim Heart Clinic
Dr. Morhaf Ibrahim
Tax ID: 814572460
NPI: 1437485786